

WAIVER/REMISSION OF INDEBTEDNESS APPLICATION <i>(If more space is needed, continue on separate sheet(s). Identify each item by number.)</i>		<i>Form Approved</i> OMB No. 0730-0009 <i>Expires Sep 30, 2005</i>	
<small>The public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0730-0009). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</small> PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO: Attn: DFAS-POCT/DE, DEFENSE FINANCE AND ACCOUNTING SERVICE - DENVER, 6760 E. IRVINGTON PL., DENVER, CO 80279-7300.			
PRIVACY ACT STATEMENT			
AUTHORITY: E.O. 9397 (SSN). PRINCIPAL PURPOSE: To be used by civilian employees (current, former, or retired) and military members (active, separated, or retired), and annuitants to request waiver of indebtedness collection for erroneous payments of salary or pay and allowances, and expense reimbursement or allowances for travel, transportation, and relocation; or in the case of enlisted members, remission of these debts. ROUTINE USE(S): In addition to those disclosures generally permitted under 5 U.S.C. Section 552a of the PA, this information may be disclosed to the Department of Justice or to commercial credit agencies, whenever a financial status report is requested by the Department of Defense (DoD) for use in administering the Federal Claims Collection Act. It may also be disclosed for any of the blanket routine uses as published in the Federal Register at the beginning of the DFAS compilation of PA system notices. DISCLOSURE: Disclosure is voluntary; however, failure to disclose the requested data, including your Social Security Number, may prevent consideration of the claim.			
1. TYPE OF CLAIM <i>(X one)</i>		<input type="checkbox"/> WAIVER <input type="checkbox"/> REMISSION	
<small>Authority for granting waiver: Active/Retired Military - 10 U.S.C. 2774; National Guard - 32 U.S.C. 716; Civilian - 5 U.S.C. 5584; Annuitant - 10 U.S.C. 1442/1453. Remission: Army - 10 U.S.C. 4837; Navy - 10 U.S.C. 6161; Air Force - 10 U.S.C. 9837. Note: Remission generally is applicable for active duty enlisted personnel only, see DoDFMR, Volume 7A.</small>			
SECTION I - CIVILIAN/MILITARY/RETIREE/ANNUITANT INFORMATION			
2. NAME <i>(Last, First, Middle Initial)</i>		3. RANK/GRADE	
4. SOCIAL SECURITY NUMBER			
5. AGENCY/SERVICE <input type="checkbox"/> ARMY <input type="checkbox"/> OTHER <i>(Specify)</i> <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS		6. STATUS <i>(X applicable block and provide date (YYYYMMDD) for end of enlistment period (EOE), retirement (DOR), separation (DOS), or service computation date (SCD), as appropriate.)</i> <input type="checkbox"/> ACTIVE EOE: _____ <input type="checkbox"/> GUARD/RESERVE EOE: _____ <input type="checkbox"/> RETIRED DOR: _____	
7. CURRENT COMPLETE MAILING ADDRESS <i>(Street, City, State, ZIP Code)</i>		8. PLACE OF ASSIGNMENT OR EMPLOYMENT	
		9. TELEPHONE <i>(Include DSN or area code)</i> a. WORK _____ b. HOME _____ c. E-MAIL ADDRESS: _____	
10. TYPE OF DEBT OR PAY AND ALLOWANCE ERRONEOUSLY PAID		11. GROSS DEBT AMOUNT	
12. STATE THE DATE AND HOW YOU FIRST BECAME AWARE OF DEBT OR ERRONEOUS PAYMENT. <i>(Attach notification, if available.)</i>			
13. IF YOU WERE AWARE OF DEBT OR ERRONEOUS PAYMENT, EXPLAIN THE ACTIONS YOU TOOK TO CORRECT SITUATION.			
14. REASON FOR REQUESTING WAIVER/REMISSION AND WHY YOU FEEL IT SHOULD BE APPROVED <i>(Financial hardship applies ONLY to REMISSION and if claimed, a financial statement must be attached.)</i>			
15. FOR ANNUITANTS, PROVIDE NAME, SSN AND DATE DECEASED OF MILITARY MEMBER/SPONSOR.			
16. ATTACH COPIES OF ALL PERTINENT DOCUMENTS <i>(Such as Request for BAH, Statement of Service, Separation Worksheet, DD Form 214, Travel Voucher, Notification of Personnel Action). (If not available, please explain.)</i>			
17.a. IF MILITARY OR CIVILIAN, DID YOU RECEIVE LEAVE AND EARNINGS STATEMENT(S)?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
b. IF MILITARY OR CIVILIAN DID YOU REQUEST THEM ON EMSS/MYPAY?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
c. IF RETIREE OR ANNUITANT, DID YOU RECEIVE AN ACCOUNT STATEMENT?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
d. IF RETIREE OR ANNUITANT, DID YOU REVIEW THEM?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<i>(If answer to a. or c. is Yes, attach a copy of statement covering before, during, and after period. If No, explain why.)</i>			
18. HAVE YOU FILED FOR A CORRECTION OF MILITARY RECORDS?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
19. I certify the above statements are true and correct to the best of my knowledge. The information presented may be referred to the appropriate investigating office for verification. I understand the penalty for a false claim is a maximum fine of \$10,000 or a maximum imprisonment of 5 years, or both.			
a. SIGNATURE		b. JOB TITLE/CAREER FIELD	
		c. DATE SIGNED	

20. COMMANDER'S ENDORSEMENT <i>(Required for Navy active duty and reserves, others optional. Use separate sheet of paper if needed.)</i>								
21. RECOMMENDATION:		<input type="checkbox"/>	APPROVE	<input type="checkbox"/>	PARTIAL \$	<input type="checkbox"/>	DENY	RECOMMEND COLLECTION RATE \$
22a. COMMANDER'S SIGNATURE						b. DATE SIGNED		
SECTION II - REPORT OF INVESTIGATION To be completed and signed by appropriate payroll/travel office. <i>(Not applicable for retirees, annuitants, or out-of-service military members.)</i>								
23. INFORMATION ON DEBT OR ERRONEOUS PAYMENT(S)								
a. GROSS DEBT AMOUNT			b. TYPE(S) OF PAYMENT(S)			c. DATE(S) OF PAYMENT(S)		
d. (X and complete as applicable) (1) HAS THE DEBT BEEN VALIDATED? (2) HAS THE DEBT BEEN POSTED TO THE DEBTOR'S RECORDS? (3) REMISSION: HAS THE COLLECTION ACTION BEEN SUSPENDED? (4) WAIVER: HAS FINANCE OFFICE SUSPENDED COLLECTION IAW DODFMR, VOL. 5, CH. 31?						YES	NO	(5) DATE THE DEBT WAS DISCOVERED (6) NAVY ONLY: AMOUNT UNCOLLECTED AS OF DATE OF THE COMMANDER'S SIGNATURE: \$
24. A DEBT COMPUTATION MUST ACCOMPANY THIS APPLICATION. It must include dates of erroneous payments, what was paid (broken down by entitlements), what should have been paid, and the difference. The total debt must equal the debt posted to the debtor's record. Indicate any entitlements or credits used to offset the debt. This application will be returned without action unless the computation is included.								
a. ENTITLEMENT	b. DATE(S)	c. WAS PAID	d. SHOULD HAVE BEEN PAID	e. DIFFERENCE				
25. DETAILED STATEMENT OF HOW AND WHY ERROR OCCURRED.								
26. IS THERE ANY INDICATION OF FRAUD, MISREPRESENTATION, FAULT, OR LACK OF GOOD FAITH ON THE PART OF THE CLAIMANT? <input type="checkbox"/> YES (Explain) <input type="checkbox"/> NO								
27. STATEMENT AS TO WHETHER OR NOT THE CLAIMANT KNEW OR SHOULD HAVE BEEN AWARE OF RECEIVING AN ERRONEOUS PAYMENT. <i>(Furnish facts and circumstances to support answer, state whether claimant received documents, and provide copies, if available. Use a separate sheet of paper if additional space is required.)</i>								
28. REMARKS <i>(Attach a separate sheet of paper, if needed.)</i>								
29. RECOMMENDATION:		<input type="checkbox"/>	APPROVE	<input type="checkbox"/>	PARTIAL \$	<input type="checkbox"/>	DENY	
30. DESIGNATED FINANCIAL AGENT								
a. SIGNATURE			b. TITLE			c. DATE SIGNED		
31a. COMPLETE UNIT MAILING ADDRESS				b. POINT OF CONTACT NAME				
				c. TELEPHONE (DSN)			d. FAX NUMBER	
e. ADSN/DSSN/UIC				f. E-MAIL ADDRESS				